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7590 01/21/2004

Brian M. Kolkowski, Esq.
ORBITAL RESEARCH INC.
4415 EUCLID AVENUE
CLEVELAND, OH 44103

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<i>Brian M. Kolkowski</i>	(Depositor's name)
<i>Brian M. Kolkowski</i>	(Signature)
<i>4/7/2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/091,669	03/05/2002	Troy S. Prince	ORBITAL-009	7746

TITLE OF INVENTION: REFRESHABLE BRAILLE DISPLAY SYSTEM WITH A FLEXIBLE SURFACE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	04/21/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
FERNSTROM, KURT		3712	434-113000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Brian Kolkowski
2 James Hudak
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

Orbital Research Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cleveland, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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(Authorized Signature) *Brian M. Kolkowski* (Date) *4/7/2004*

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04/13/2004 FMETEK12 00000081 502704 10091669
01 FC:2501 665.00 DA
02 FC:1504 300.00 DA

TRANSMIT THIS FORM WITH FEE(S)

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Small Entity)
(37 C.F.R. 1.311)

Docket No.
ORB-009

Applicant(s): Prince et al.

Serial No.

10/091,669

Filing Date

3/5/2002

Examiner

Kurt Fernstrom

Group Art Unit

3712

Confirmation No.

Invention: REFRESHABLE BRAILLE DISPLAY WITH A FLEXIBLE SURFACE



**Mail Stop Issue Fee
TO THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450**

Transmitted herewith are the following for the above-identified application.

Issue Fee Transmittal Form PTOL-85

Utility Fee: \$ 665.00 Design Fee: _____ Plant Fee: _____

Publication Fee: \$ 300.00

A check in the amount of _____ is attached.

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